



RHODE ISLAND DEPARTMENT OF HEALTH

Positive Laboratory Results Required to be Reported by Licensed Laboratories

Invasive Diseases^a

Enterococcus sp.-vancomycin resistant (VRE)^b
Haemophilus influenzae^b
Listeria monocytogenes (Listeriosis)^b
Neisseria meningitidis (meningococcal disease)^b
Streptococcus pneumoniae (Pneumococcal Disease)^c
Streptococcus agalactiae (Group B Streptococcus Disease)
Streptococcus pyogenes (Group A Streptococcal Disease)^b
CSF Pleocytosis ≥ 10 WBC cu.mm. in a patient with a clinical diagnosis of aseptic/viral meningitis or encephalitis^d

Vaccine Preventable Diseases (VPD) Agents

Bordetella pertussis (Whooping cough)^b
Corynebacterium diphtheriae (Diphtheria)^b
Hepatitis B surface antigen (HbsAg) positive pregnant women
Morbillivirus (Measles)^e
Mumps virus (Mumps)^e
Polio virus (Poliomyelitis)
Rubella virus (Rubella)^e

Sexually Transmitted Diseases (STD) Agents

Calymmatobacterium granulomatis (Granuloma inguinale)
Chlamydia trachomatis (Chlamydia)
Haemophilus ducreyi (Chancroid)
Neisseria gonorrhoeae (Gonorrhea)
Treponema pallidum (dark field exams, serology for Syphilis)^f

Blood Borne Pathogen Agents

Hepatitis B virus with or without Hepatitis D virus^g
Hepatitis C virus^g
Hepatitis E virus^g
Human Immunodeficiency virus (HIV)^b

Agents of Bioterrorism

* **Bacillus anthracis (Anthrax)**^b
* **Brucella sp. (Brucellosis)**^b
* **Burkholderia mallei (Glanders)**^b
* **Clostridium botulinum (Botulism)**^b
* **Coxiella burnetti (Q-fever)**^{a,b}
* **Francisella tularensis (Tularemia)**^b
* **Variola virus (Smallpox)**^b
* **Viral hemorrhagic fevers (Ebola, Lassa, Marburg,)**^b
* **Yersinia pestis (Plague)**^b

Tuberculosis

Mycobacterium tuberculosis--all sites^b

Vectorborne and Zoonotic Diseases Agents

Arbovirus (EEE, SLE, WNV)^b
Babesia microti (Babesiosis)^b
Borrelia burgdorferi (Lyme Disease)
Dengue virus, type 1, 2, 3, or 4 (Dengue fever)
Ehrlichia equi or E. chaffeensis (Ehrlichiosis)^b
Hantavirus^b
Plasmodium sp. (Malaria)^b
Chlamydia psittaci (Psittacosis)
Rabies virus (Rabies)^b
Rickettsia rickettsii (Rocky Mountain Spotted Fever)
Trichinella spiralis (Trichinosis)
Rickettsia prowazekii (Typhus)
Yellow Fever virus (Yellow Fever)

Enteric Disease Agents

Entamoeba histolytica (Amebiasis)
Campylobacteriosis spp. (Campylobacteriosis)^b
Cryptosporidium parvum (Cryptosporidiosis)
Cyclospora cayetanensis (Cyclosporiasis)
E. coli O157:H7 and other toxin producing strains^b
Giardia lamblia (Giardiasis)
Hepatitis A virus^{e,g}
Salmonella spp. (Salmonellosis)^b
Salmonella typhi (Typhoid fever)^b
Shigella spp. (Shigellosis)^b
Vibrio cholerae (Cholera)^b
Vibrio parahaemolyticus^b
Vibrio vulnificus^b
Yersinia enterocolitica (Yersiniosis)^b

Other Reportable Agents

Coccidioides immitis (Coccidioidomycosis)
Histoplasma capsulatum (Histoplasmosis)
Legionella species (Legionellosis)^b
Mycobacterium leprae (Hansen's disease or
Staphylococcus aureus--Vancomycin resistant or intermediate (VRSA/VISA)^b

According to the Rhode Island Rules and Regulations pertaining to the Reporting of Communicable, Environmental and Occupational Diseases (R23-10-DIS), for all agents listed, reports of positive results shall include the name of the patient (except for in the case of HIV test results), address of the patient's residence, gender, race and ethnicity, date of birth, age, telephone number. Also report attending physician's name with address or phone number.

Laboratories shall report positive results/agents in red letters within 24 hours. Reports of positive findings of markers of all other communicable diseases shall be reported within four working days.

***AGENT OF BIOTERRORISM - Report to RI HEALTH Laboratory (401-222-5586) and Office of Communicable Diseases (401-222-2577) immediately when test is ordered or specimen/isolate is suspicious for one of these agents.**

^a Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site.

^b Submit isolate, specimen or stained slide (**stained slide only for Babesia and Ehrlichia**) to the Rhode Island Department of Health Laboratory. For details on the submission of isolates, specimens, and slides, refer to the Rhode Island Epidemiology and Laboratory Manual or call the laboratory at 401-222-5600.

^c For Streptococcus pneumoniae, laboratories must report zone size by oxacillin disk testing in mm or MIC to Penicillin in $\mu\text{g/ml}$. If zone size < 20 mm and MIC not performed, isolate must be sent to State Laboratory. In addition, all isolates in patients age 5 or less must be submitted for further serotyping.

^d Submit CSF to State Laboratory for arboviral testing, June through October, only.

^e For the following viral agents, please report IgM only.

^f Submit reagin reactive sera.

^g Also report AST, ALT, and bilirubin.

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WHERE TO REPORT?

For STDs:

MAIL: Rhode Island Dept. of Health, 3 Capitol Hill-Room 106, Providence RI, 02908-5097; PHONE: 401-222-2577; FAX: 401-222-1105.

For VPDs:

MAIL: Rhode Island Dept. of Health, 3 Capitol Hill-Room 302, Providence, RI, 02908-5097; PHONE: 401-222-2312; FAX: 401-222-3805.

For HIV and CD4 counts:

MAIL: Attention: Sr. Disease Control Representatives (HIV/AIDS Surveillance), Rhode Island Dept. of Health, 3 Capitol Hill-Room 106, Providence, RI 02908-5097; Please mark envelope "CONFIDENTIAL, TO BE OPENED BY ADDRESSEE ONLY". PHONE: 401-222-2320.

For all other reportable laboratory results, reports are received at:

Rhode Island Dept. of Health, 3 Capitol Hill-Room 106, Providence RI, 02908-5097; PHONE: 401-222-2577 (8:30 am-4:30 pm), 401-272-5952 (after hours and weekends, on-call answering service); FAX: 401-222-2488 or 401-222-2477.